

Cahoy Dec. Ex. 5

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

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IN RE: DA VINCI SURGICAL ROBOT

ANTITRUST LITIGATION,

Case No.

THIS DOCUMENT RELATES TO:

3:21-cv-03825-VC

ALL CASES

SURGICAL INSTRUMENT SERVICE
COMPANY, INC.,

Plaintiff,

vs.

Case No.

3:21-cv-03496-VC

INTUITIVE SURGICAL, INC.,

Defendant.

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

VIDEO-RECORDED DEPOSITION OF MARGARET MARIE NIXON

VERITEXT VIRTUAL

FRIDAY, OCTOBER 7, 2022

Reported by:

Anrae Wimberley, CSR No. 7778

Job No. 5507214

1 technology?

2 MS. CAHOY: Objection to form.

3 THE WITNESS: From the clinical development
4 perspective, not in the physical design.

5 BY MR. SINDONI:

6 Q. And what was your involvement from the
7 clinical development perspective?

8 A. My involvement was ensuring that the
9 instruments were being registered accordingly and --
10 when they were being used in clinically
11 representative scenarios.

12 Q. Do you know who at Intuitive was primarily
13 responsible for developing that technology from an
14 engineering perspective?

15 A. Oh, man, I don't know the primary. There
16 was a dozen.

17 Q. A dozen.

18 Any of that dozen that you recall today?

19 A. Not that I recall.

20 Q. Do you have any understanding of why
21 Intuitive switched the technology that limits the
22 uses of instruments in the Si instruments to the
23 different RF chip in the Xi instruments?

24 A. Are you asking why we changed from the
25 electrical chip interface into the radio frequency?

1 Q. Yes, that is a better question than I
2 asked, and that is what I'm asking.

3 A. It was -- it was my recollection that we
4 did that to ensure we had good consistency. When
5 you rely on electrical contacts, sometimes you could
6 have inconsistencies on detection. And the radio
7 frequency intent was that we would have a more
8 reliable communication.

9 Q. Besides the technology we've discussed so
10 far, do you have knowledge of whether Intuitive has
11 considered implementing other technological means to
12 prevent EndoWrist from being used beyond the use
13 limits set by Intuitive?

14 MS. CAHOY: Objection to form.

15 THE WITNESS: I'm sorry, I'm not sure I
16 understood that question.

17 BY MR. SINDONI:

18 Q. Sure.

19 We've discussed the RF technology used in
20 the Xi instruments; correct?

21 A. Yes.

22 Q. And we discussed the physical chip used in
23 the Si instruments; correct?

24 A. Yes.

25 Q. Beyond those two chips, has Intuitive

1 Q. Putting the clip applicers aside, are there
2 other instruments you're aware of that did not have
3 a 10-use limit?

4 A. At the time they were launched?

5 Q. Yes.

6 A. I don't recall the details of exactly how
7 many lives each of the instruments had. There was
8 just such a wide variety.

9 Q. Do you have an understanding of how
10 Intuitive set the use limit for EndoWrist
11 instruments at 10 uses?

12 MS. CAHOY: Objection to form.

13 THE WITNESS: What time frame are you referring
14 to?

15 BY MR. SINDONI:

16 Q. Fair enough. Going back -- let's go back
17 to the Si instruments.

18 Do you have an understanding of how those
19 instruments were set at a 10-use limit?

20 MS. CAHOY: Objection to form.

21 THE WITNESS: Yes.

22 BY MR. SINDONI:

23 Q. And what's your general understanding of
24 how those use limits were set?

25 A. So for each of the instruments, there is

1 an instrument architecture associated with it.
2 There is a -- control parameters, how the instrument
3 is driven, and a clinical use scenario that goes
4 with each of the instruments, because they complete
5 different surgical tasks.

6 And so the combination of those three
7 things were assessed to determine how we can ensure
8 kind of consistent safety and efficacy of the
9 instrument over the course of the lives of the
10 instrument. And those came together to determine
11 the lifes [sic] that came on the instrument.

12 Q. And did Intuitive do any testing of the
13 expected life of the instruments?

14 A. Yes.

15 Q. And were you involved in that testing?

16 A. Yes.

17 Q. In your role as an engineer; correct?

18 A. Yes.

19 Q. If you can turn to -- you have a folder of
20 exhibits with you; correct?

21 A. Yes.

22 Q. I'm going to --

23 THE WITNESS: Are these both the same?

24 MS. CAHOY: Yes.

25 THE WITNESS: Okay.

1 Q. Okay. And based on your experience as an
2 engineer involved in life testing at Intuitive, is
3 this protocol typical of the protocols used for
4 testing life of EndoWrist instruments?

5 MS. CAHOY: Objection to form.

6 THE WITNESS: This protocol is typical of our
7 final V&V test of our instruments.

8 BY MR. SINDONI:

9 Q. Okay. If I could direct your attention to
10 Section 5.2 on the first page and the second
11 paragraph in that section.

12 Could you read that first sentence for me.

13 A. The second paragraph?

14 Q. Yes, beginning with, "A 'life
15 use'"

16 A. [As read]: "A 'life use' for the
17 instrument is defined by the clinical simulation
18 procedure that was developed by clinical marketing."

19 Q. And what is clinical marketing?

20 A. So an interesting time in Intuitive's life
21 cycle. We were talking earlier today about a
22 clinical development engineering function. There
23 was a time in Intuitive's history that our clinical
24 development function sat within our marketing
25 organization, and those engineers worked with

1 marketing. And it's my recollection that this
2 refers to that.

3 Q. And could you read the first sentence of
4 the paragraph in Section 5.3.

5 A. [As read]: "A life rating for each
6 instrument is defined by the Clinical life
7 simulation surgical maneuver tasks that were
8 developed by Marketing and clinical engineering for
9 the instrument type."

10 Q. And is that consistent with your
11 understanding of how the life rating for the
12 instrument would have been defined in this protocol?

13 MS. CAHOY: Objection to form.

14 THE WITNESS: My recollection on how this
15 occurred is the marketing and clinical engineering
16 functions were the ones that were closest to our
17 users. And they were the ones that were in the
18 field and brought that insight back into -- so that
19 we could optimize the usage of the instrument.

20 BY MR. SINDONI:

21 Q. And could I turn your attention -- and,
22 again, as I said, as we flip through the document,
23 if you need time, let me know -- to page 4, Section
24 12.1.

25 A. Yes.

1 A. That may happen or a problem may arise
2 during the procedure.

3 Q. And when an EndoWrist is used during a
4 procedure and it doesn't function properly, does it
5 always result in injury to a patient?

6 MS. CAHOY: Objection to form.

7 THE WITNESS: No.

8 BY MR. SINDONI:

9 Q. Under some circumstances, it does,
10 correct, but not always? Under some circumstances
11 it does, but not always; is that correct?

12 A. We try -- we look to minimize any
13 potential patient injury. And so not all of them
14 do, but they could. And it's why we take instrument
15 failure seriously.

16 Q. Okay. And what happens when the
17 instrument fails during a procedure and it results
18 in injury to the patient?

19 MS. CAHOY: Objection to form.

20 THE WITNESS: All -- we encourage all of our
21 customers, as well as all of our -- well, Intuitive
22 encourages all of customers, as well as employees,
23 to report any device issues, as well as any patient
24 issues. And that happens through our complaint
25 process.

1 Are you aware of whether anyone has been
2 able to bypass that usage counter?

3 A. Yes.

4 Q. Do you recall when you first became aware
5 that someone was able to bypass that usage counter?

6 A. If I recall correctly, one of our failure
7 analysis technicians, through the RMA failure
8 analysis process, opened up one of our instruments
9 and found it modified with additional components.

10 And that was one of the initial triggers
11 that had us looking into what may be happening when
12 these instruments were being modified, and that's
13 when we learned about bypassing the instrument
14 counter.

15 Q. Do you recall when that was?

16 A. Not a precise date. It was a few years
17 ago.

18 Q. Do you recall what position you were in at
19 Intuitive when that occurred?

20 A. That's a great question. Probably --
21 probably product quality is what I'm guessing, maybe
22 post-market before product quality. It was -- yeah,
23 I don't recall exactly.

24 Q. Prior to encountering that instrument that
25 you referred to, did you personally have any

1 I, the undersigned, a Certified Shorthand
2 Reporter of the State of California, do hereby
3 certify:

4 That the foregoing proceedings were taken
5 before me at the time and place herein set forth;
6 that any witnesses in the foregoing proceedings,
7 prior to testifying, were administered an oath; that
8 a record of the proceedings was made by me using
9 machine shorthand which was thereafter transcribed
10 under my direction; that the foregoing transcript is
11 a true record of the testimony given.

12 Further, that if the foregoing pertains to
13 the original transcript of a deposition in a Federal
14 Case, before completion of the proceedings, review
15 of the transcript () was (X) was not requested.

16 I further certify that I am neither
17 financially interested in the action nor a relative
18 or employee of any attorney of any party to this
19 action.

20 IN WITNESS WHEREOF, I have this date
21 subscribed my name.

22 Dated: October 13, 2022

23 
24

25 _____
ANRAE WIMBERLEY, CSR No. 7778